

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVII.

THURSDAY, JANUARY 1, 1863.

No. 22.

CASE OF GLAUCOMA; RELIEVED BY IRIDECTOMY.

[Read before the Boston Society for Medical Improvement, December 22d, 1862, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY W. WILLIAMS, M.D.

A SHORT time since, I made to this Society a brief report of a case of acute glaucoma, in which complete restoration of vision was obtained by the performance of iridectomy. The disease being comparatively rare, but, when it occurs, so very rapid in its course, and so hopelessly destructive if not at once arrested by surgical interference, I feel it important to call attention to another instance where the results of the operation, in a most violent attack, were equally satisfactory.

A lady beyond the middle period of life had, during the last summer, been subjected to harassing fatigues and emotions, arising from the sudden death of friends, and her health, usually exceedingly good, had perhaps suffered, in some degree, from these depressing causes.

About the middle of October, while walking, she was suddenly attacked with severe pain, accompanied by almost total loss of vision, in the right eye. The pain was, however, thought to be neuralgic, and the loss of sight was attributed to the same cause, the patient supposing that restoration of vision would ensue upon the subsidence of the pain; but, as the symptoms persisted, I was asked to see her on the 18th of October, four days after their invasion.

The circum-corneal zone was much injected, with a few enlarged vessels running tortuously upon the globe and penetrating the sclerótica. The pupil was considerably dilated; appearing as if forced open by pressure of the lens forward against the iris. The field of the pupil had a turbid aspect. The iris was apparently little changed in color or condition. The globe was evidently harder than natural, when pressure was made upon it through the lid. Pain continued to be felt in and around the eye. The patient could only perceive the largest objects, and those indistinctly.

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The symptoms of glaucoma being unmistakable, I advised that an operation should be at once submitted to.

Ether was administered, and, with the assistance of Dr. Hay, I opened the cornea at its upper edge and removed a segment of the iris.

The operation was followed by immediate relief of pain, and the amelioration of the other symptoms, though somewhat slow, was uninterrupted in its progress.

On testing her sight, on the 18th of December, two months after the iridectomy, I found her able to read a fine newspaper print, without glasses, with this eye; though she had worn glasses for many years (having been compelled to have recourse to them at the age of 35), and still required them for the other eye.

The segment of iris having been taken from its upper portion, all deformity, and all dazzling of the eye from excess of light, are avoided; the artificial enlargement of the pupil being covered by the upper lid, which is an immense advantage to the patient.

I take the opportunity to state, that the patient referred to at the beginning of this communication, continues to enjoy perfect vision—eight months having elapsed since the operation was performed.

THE RECENT OPHTHALMOLOGICAL CONGRESS IN PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

TRANSLATED FROM THE GERMAN BY HASKET DERBY, M.D.

[THE following brief account of the recent Ophthalmological Congress in Paris, written by the distinguished gentleman selected to preside over its deliberations, may not be without interest to the members of the profession in general.]

PARIS, OCTOBER.

You remind me of my promise to give you some account of the Ophthalmological Congress which held its sessions in Paris from Sept. 30 to Oct. 3. It was certainly rather incautious of me to enter into such an engagement, but I will endeavor to fulfil it as briefly as possible. I cannot dwell on scientific details, inasmuch as the columns of the ———, so much in demand for other purposes, would hardly contain even a summary of the doings of the Congress. I must accordingly content myself with giving you, as far as possible, a glance at the general physiognomy of the assemblage.

We numbered one hundred and fifty—all the noted oculists of Europe and even of the Western Continent were present, and most governments had deputed special representatives. The delegation from your own country was especially notable. By the side of Graefe—the grand master of science—shone Ruete and Coccia from Leipsic, Arlt and Gulz from Vienna, and many others whose names do not occur to me at this moment, albeit all deservedly re-

nowned. Holland had sent Donders, the most renowned teacher of her universities, Denmark Melchior, the United States Williams,* Italy Borelli. Greece Anagnostakis, Egypt Abbate, Belgium Van Roosbroeck, Warlomont and Haircou, Portugal Marquez, &c. I abbreviate, for he who enumerates the nations can repeat the names even only of the more prominent persons who were here present. By the side of these men sat Sichel, Desmarres, Guérin, and all the leading French ophthalmologists. Our only chagrin was caused by not seeing among us a single one of the great surgeons of Paris, but their absence is to be explained by the horror with which these gentlemen regard all that they are pleased to bring under the head of specialty; as though specialty were not the sole means of progress in the field of surgery; as though it were not to this that—in these latter days—science is indebted for so many acquisitions, humanity for so many benefits.

I had the honor to be called upon to preside over this august assemblage, the most learned I had ever encountered. Donders and Desmarres were elected vice presidents, Giraud-Teulon and Wecker secretaries.

Each of the four sessions of the Congress lasted over six hours. Numerous communications, mostly of deep interest, were during this time interchanged and debated with animation. But I assert, without hesitation, that your illustrious Graefe and his school, and Professor Donders of Utrecht, bore away all the honors. These are great geniuses, who have outstripped their contemporaries as well as their predecessors. The communications of Graefe and Donders gave rise, without exaggeration, to positive enthusiasm.

I have been present at many congresses, never at such a one. One may think and say as much evil of such meetings as one will, but all those who were fortunate enough to participate in the Paris Congress will unhesitatingly agree that as a means of spreading abroad the results of scientific experience, such a method is unsurpassed. The system of congresses has its own special object, and more should not be expected from it than it is capable of performing. It is true that new ideas are not created, but they are spread in the quickest and most admirable manner. Who will undertake to dispute the significance and worth of this service?

Like its predecessors, the Congress of Ophthalmology held a brilliant banquet at the close of its labors. Of the numerous toasts proposed (the usual formal ones having been dispensed with), I will only mention those in honor of Graefe and Donders, the two heroes of the four days of the Congress.

An interesting episode occurred during the consideration of the business protocol which the Paris Committee had prepared. After a long debate, the Congress ordered the striking out of that paragraph which made it the duty of the president, wherever the place of meeting should be, "to obtain the necessary sanction of the au-

* Probably Dr. E. Williams, of Cincinnati.

thorities." Each president is to act in such cases according to the obligations imposed by the laws of his own land; but an international code should contain no clause which must wound the feelings of a nation that is deprived of the right of free assemblage. For, be it well understood, the Congress of Paris was only the first of a series of similar re-unions which shall take place successively in different European cities; the code, therefore, could not be constructed entirely on a French basis.

The next Congress is to meet in four years at Vienna. The present one has been so fruitful in results that it is not to be doubted that all who have participated in it will eagerly respond to the summons which will be addressed to them in 1866.

Make any use you please of these few lines, which I now conclude. Allow me only to add that the report of the labors of the Paris Congress, shortly to be published, will form one of the most interesting and instructive volumes of our epoch.

DR. VLEMINCKX.

CASE OF PITYRIASIS NIGRA.

By P. J. FARNSWORTH, M.D., of LYONS, IOWA.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, occurring in my practice, seems worth reporting on account of its novelty. Mrs. C., aged about 50, of very fair complexion, enjoying fair health, except a little torpidity of the liver, consulted me in regard to a small tumor in the vicinity of the thyroid gland. It was not troublesome, but affected somewhat her good looks.

Painted it over with ordinary tincture of iodine, giving directions to have it applied occasionally. After the second application, a slight eruption took place, followed by desquamation over the whole neck. Concluded it was from the iodine, and directed it to be discontinued, and some soothing lotion to be applied. On the third day the eruption had spread to the face; on the fourth day it covered the face, and was of a dark mahogany color. Every portion exposed to the light, from the roots of the hair to where the dress covered the chest, was of the same color. The mental distress was much greater than that of the body, as may well be imagined; a fair complexion being thus suddenly transformed to that of a blackmoor. Her friends could scarcely express their sympathy, her appearance was so ludicrous. And they certainly were excusable, for there were the voice and features of Mrs. C., but the countenance was that of a negro. After the fifth day there was much itching and heat in the morning, followed by desquamation in large scales, leaving the skin shining and of a dark color; towards night, the cuticle seemed to be re-formed and to intensify the color. It did not manifest any disposition to spread beyond its original limits. It was in the month of December; there had been no exposure to

the sun; there was no disturbance of the uterine functions, as the catamenial period was passed; there was some gastric irritation as evinced by occasional sick headaches, and a habit of costiveness.

I diagnosticated the case to be pityriasis nigra, of Willan, except that instead of the furfuraceous scales falling off, and leaving "the newly-formed membrane of the normal tint," the same dark color remained, to go through the same process the next day.

The prognosis was doubtful, but to relieve her distress of mind I hazarded the assurance that it would go off in a few days. Gave a blue pill at night, to be carried off by a saline cathartic in the morning, and applied a wash composed of plumbi acet. gr. x., chloroform gtt. xxx., glycerine z i. The wash seemed to relieve the painful symptoms. The desquamation took place for three or four days, in no slight degree, when it gradually grew less, and the skin resumed its natural color. At the end of ten days, to the great relief of Mrs. C., her friends, and the doctor, she was restored to society a fair-complexioned lady, with no blemish, except a slight bronchocele.

December 20th, 1862.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 24th.—*Fatty Concretions discharged from the Bowels after taking a large quantity of Sweet Oil.*—Dr. JACKSON showed the specimens, which he had received from Dr. Wm. F. Perry, of Mansfield. The patient, a married woman, had had, for several weeks, symptoms of affection of the liver and alimentary canal. On the 17th inst., she took one gill of the oil, and on the following day these masses passed with a fecal discharge. They are eight or ten in number, of uniform size and appearance, of a regular and somewhat oval form, about one third of an inch in length, light colored, and of more than a soft solid consistence. The following is the result of Dr. John Bacon's examination:—

"The concretions have a feeble acid reaction. When heated they melt readily, and burn with a bright flame, leaving a slight alkaline residue. In alcohol they dissolve almost completely, and the solution leaves, on evaporation, a mixture of granular, solid fat, with some oil. The concretions are undoubtedly formed from the olive oil taken by the patient."

Dr. J. referred to a few other similar cases that had occurred here, and questioned whether anything of the kind had been described.

Dec. 8th.—*Diphtheria.*—Dr. JACKSON showed the affected parts from a patient who had died under the care of Dr. Charles Jordan, of South Reading, and reported the following facts, which he obtained from Mr. John Dole, a student of Dr. J. The patient was a lawyer by profession, 41 years of age, somewhat plethoric and always healthy. On the 15th of November, Dr. J. saw him, and found him sitting up, dressed, and complaining of sore throat. Sick since Monday, but at

tended to his business till Thursday. Tonsils much swollen and inflamed, with inability to swallow; aphonia; dyspnoea since the day before; countenance natural; pulse 100. An astringent gargle was ordered, and poultices to the neck. On Sunday morning he was about the same; but, being unable to sleep, an opiate was ordered. In the evening, Dr. J. was sent for, and found him expectorating a large amount of viscid and puriform mucus. The throat was about the same, but the patient complained of there being something behind the tonsils that he wished to get rid of. On Monday morning, the throat was less swollen, and he could swallow liquids; patient walking about the room; had thrown off, before Dr. J.'s visit, two pieces of thin membrane about half an inch in diameter. Stimulants were ordered, with nourishing food. In the afternoon, the tonsils were very much less inflamed, and no lymph could be seen in the pharynx. At 11, P.M., Dr. J. was called, and found the breathing stertorous, the countenance suffused, and the pulse 120. Hot fomentations were applied to the throat and internal stimulants given, and Dr. J. remained with the patient until 4 o'clock the next morning, the patient continuing about the same. An hour or more after he left him, he threw off a large, long and partially tubular membrane. At 7, A.M., on Tuesday, the breathing was easier; tendency to doze; pulse weak and rapid. Ordered stimulants to be given freely. At 11, A.M., a consultation was held; the patient having previously thrown off one piece of membrane 1 inch by $\frac{3}{4}$ inch, and another 2 inches by $\frac{3}{8}$ inch. Through the day he continued to sink, and at 5, P.M. he died; the aphonia having continued and the dyspnoea increasing from the time that Dr. J. first saw him.

An examination of the body was at first objected to, but was subsequently made in the receiving-tomb on the 5th instant; the parts being in good condition and not frozen. These were removed and sent to Dr. J., who showed them to the Society. In the pharynx, there was a thin layer of lymph of some extent; and a pretty thick layer lined the under surface of the epiglottis, the larynx and trachea (in both of which it was adherent), primary, most of the secondary, and many of the smaller bronchi. The lungs were not congested.

The first membrane that was thrown off on Tuesday morning was also shown by Dr. J., and from its size it must have come from the trachea; at one extremity it terminated in two large but short branches, and, exclusively of these last, it measured, as it lay, corrugated by the spirit in which it had been preserved, just 4 inches.

Two days after the death of this patient, his child, aged about 10 years, was attacked with sore throat, hoarseness, but no aphonia, and active constitutional symptoms; there was lymph upon the fauces, which was removed by an application of the tr. ferri mur., and in about ten days it recovered.

His sister, who lived at a distance of three or four miles, and was with him much of the time the last two days, was taken a few days after his death with apparently the same disease, and died on the evening of the 5th inst.

Dr. Jordan has had, altogether, about four or five cases recently, but the others have done well.

Dr. Jackson remarked upon the rapidity with which the membrane must have formed in the trachea—in less than twelve hours.

Dec. 8th.—*Monstrosity*.—Dr. Jackson reported the case, which oc-

curred in the practice of Dr. T. E. Francis, of Brookline. The fœtus was sent to him by his student, Mr. C. A. Shurtleff. It was born at 7½ months, was a first child, and lived for a short time. Over the upper part of the occiput, but on the median line, was a protrusion of the membranes of the brain, forming a deep red, shining and fleshy mass, but covered about the base by skin and integument; the whole being of rather a rounded form and nearly or quite equal in size to the last joint of the thumb. The cranium, which had been partially prepared, and was shown to the Society, was sufficiently capacious, but rather flattened, and the sagittal suture was largely open throughout. This last having been cut through at the time of the dissection, the brain was examined as far as possible, but nothing unusual was observed. The continuity of the membranes into the external mass was quite distinct. The opening in the occiput is about large enough to allow the thumb to pass.

The abdomen was very unusually large, owing to the great size of the kidneys. The left, which was particularly examined, weighed 6 ounces, was quite irregular upon the surface rather than lobulated, had no investing membrane that could be detached, and contained throughout immense numbers of cysts, about one half of a line in diameter. The ureter consisted of a whitish, condensed, impervious cord, not a line in diameter; and the pelvis was merely an enlargement of the same tissue. Internally no trace of the natural structure of the organ was visible to the naked eye. The following microscopical examination was made by Dr. Jeffries Wyman:—"There were only traces of the natural structure of the kidney. A few uriniferous tubes, with their epithelial linings, were seen, but no unequivocal Malpighian bodies, though there were some rounded masses covered by a capsule that might have been such. No connection was traced between the cysts and the uriniferous tubes. The contents of the cysts consisted of a transparent fluid, in which were floating numerous rounded cells, with a central nucleus similar to those figured in Jones and Sieveking's *Pathological Anatomy* (Am. Edit., 1854), p. 555, fig. 254, *a*. In one of the cysts an octohedral crystal, probably of oxalate of lime, was found."

The other kidney presented the same appearances externally, and has been preserved entire. The other organs were well formed; the bladder being tolerably developed. Sex, female. Feet affected with varus.

Dr. J. said that he had once, in a monstrosity, found the kidneys in very much the same condition as in the present case, except that they were not so large, the cysts contained no fluid, and the ureters and pelves were not obliterated (No. 810 in the Society's Cabinet); in another monstrosity (No. 788) the kidneys were made up of cysts. In a young man, aged 19 years, he supposed, from the history of the case, that the disease was congenital (No. 589). Dr. C. D. Homans reported to the Society the case of a little girl, 12 years of age, in whom the encysted disease of one of the kidneys was probably congenital (*Boston Medical and Surgical Journal*, June 19th, 1856); and, lastly, Cruveilhier figures a specimen from a child 3 years old (*Livr.* 6), the disease being regarded by him as congenital.

Dr. J. thought that encysted disease of the kidneys was oftener congenital than it was generally supposed to be; and he remarked that the condition of the organs that is found in a monstrosity may be found also in a subject otherwise well formed.

DEC. 22d.—*False Membrane expectorated by a Patient with Croup.*—Dr. JEFFRIES WYMAN showed several fragments of lymph, some of them several inches in length, and tubular, which had been coughed up by a patient with membranous croup; and gave the following account of the case, which he had received from Dr. J. T. G. Nichols, of Cambridge, the attending physician.

The patient was a boy, 9 years old, generally healthy. Had inflammation of the upper lobe of left lung, one year ago, from which he recovered perfectly. For past month not as well as usual, but no definite complaint. On November 22d, was exposed to wet, and at night was chilly, next day feverish and hoarse. On 24th, felt better, and went out. That night, had chills again, more hoarse, and had dry, ringing cough. On the 25th, feverish, with increase of hoarseness and cough, and noticeable dyspnœa at night. On the 26th, no improvement, and at night dyspnœa much more marked, with pretty severe suffocative attacks. Got Dover's powder at night, and during night two emetic doses of ipecac. Dr. N. saw him at 9 A.M., of 27th. Symptoms of croup well marked—voice extinct; cough dry and sharp; breathing labored; during paroxysms of severe dyspnœa some lividity of face; tongue moist, with thin, white fur; fauces red, and with tonsils (which are slightly enlarged) covered with a thin, starchy exudation. On left tonsil is a small patch of thicker exudation, of a greyish color. No external swelling. Some tenderness of larynx and trachea on pressure. Pulse of fair strength, 140. Skin hot and dry. Not much thirst. Was seen by Dr. Wyman, in consultation, and the following treatment prescribed. Dover's powder, gr. iv., every three or four hours. To drink as freely as he will of a saturated solution of bicarbonate of soda, in "soda water" (carbonic acid water). To have an enema of bicarbonate of soda, \mathfrak{z} i. in solution, every four hours, if retained. The room to be kept filled with steam. Fauces sponged with solution of nitrate of silver, 40 grains to the ounce.

At 8, P.M., expelled, after a severe paroxysm of suffocative cough, a tube of false membrane, followed by almost complete relief from dyspnœa. Had a very good night. At 8 A.M., of 28th, dyspnœa increasing. Considerable muco-purulent expectoration. At 9½ A.M. (13½ hours' interval), expelled another tube, with much relief of dyspnœa, which gradually increased, however, until 6½ P.M. (9 hours' interval), when he expelled two tubular membranes. During night, respiration grew worse again, and at 9 A.M., of 29th (14½ hours' interval), expelled another membrane. Pulse now soft, 98. Skin moist. Somewhat exhausted. Ordered wine whey. At 6½ P.M. (9½ hours' interval), expelled another membrane, preceded by gradually increasing dyspnœa and followed by marked relief, which continued till the morning of the 30th, when the breathing again became labored, and at 3½ P.M. (21 hours' interval), expelled another membrane. Had a good night. On Dec. 1, respiration much easier. Cough frequent, paroxysmal, with more copious muco-purulent expectoration, at times bloody. During the day, expelled two small pieces of membrane. Sonorous rales over whole chest, with slightly diminished resonance over left upper lobe. Give the enema three times daily. On the 2d Dec., improvement continues. Expelled a small piece of membrane. On the 3d, enemata omitted; and on the 5th, the steam and the "soda water" were given up. From this time he slowly improved, having

cough, with copious muco-purulent expectoration, more or less bloody. On the 15th, he spoke aloud for the first time. On the 19th, sitting up; voice still rough; less cough; very pale and weak, but improving daily, under iron and quinine. During treatment, he took about three ounces of the bi-carbonate in enemata, and four quarts of soda water saturated with the bi-carbonate. The bowels were opened daily. At one time he had severe pain in abdomen, which was relieved by substituting for the water, in the enemata, an infusion of spear-mint. The urine was not examined, but was not much if at all increased in quantity. The intervals at which the different portions of membrane were expelled will be clearly seen by the following table:—

Nov. 27th,	1st tube.	
" 28th,	2d "	13½ hours interval.
" "	3d "	9 " "
" 29th,	4th "	14½ " "
" "	5th "	6½ " "
" 30th,	6th "	21 " "
Dec. 1st,	2 small pieces.	
" 2d	1 " "	

Voice recovered on the 15th.

Army Medical Intelligence.

ANNUAL REPORT OF THE SURGEON-GENERAL, U.S.A.

SURGEON-GENERAL'S OFFICE, November 10th, 1862.

SIR,—I have the honor to lay before you a statement of the fiscal transactions, and a report upon the operations generally, of the Medical Department of the Army, for the fiscal year ending on the 30th of June, 1862.

The amount of the appropriation for the Medical and Hospital Department on the 30th of June was:—

In the hands of disbursing agents	- - - - -	\$6,006 62
In the Treasury of the United States	- - - - -	41,172 92
Amount appropriated per Act July 17, 1861	- - - - -	1,271,841 00
Amount appropriated per Act Feb. 25, 1862	- - - - -	1,000,000 00
Amount appropriated for deficiency to June 30, '62, approved Feb. 25, '62	- - - - -	125,000 00
Amount refunded into the Treasury, on account of Medical and Hospital stores sold at auction, viz., D. D. Morrison, \$330.60, John Moore, \$950.50, E. H. Abadie, \$330.43, I. D. Cotton, \$240.00, Samuel Elliott, \$18.32	- - - - -	1,874 35
Total	- - - - -	\$2,445,894 89
Of this sum there has been expended on account of pay, &c., of private physicians, contracted in 1861	- - - - -	\$35,052 91
do. do. in 1862	- - - - -	86,597 76
For medicines, instruments, hospital stores, &c.	- - - - -	2,249,462 52
	- - - - -	2,871,113 19
Leaving in the hands of disbursing agents	- - - - -	\$73,781 70

It has been usual for a report of the sickness and mortality of the Army to accompany this report, but it is found impracticable, arising from the vast amount of labor incident thereto, and it will be furnished, it is believed, in time for publication as a supplement to the "Surgeon-General's report for the fiscal year ending June 30, 1862." In the meantime, however, I am able to present the following statement of General Hospitals, and the number of patients according to the latest returns received at this office.

<i>Names of Hospitals.</i>	<i>Location.</i>	<i>No. of Patients.</i>	<i>Names of Hospitals.</i>	<i>Location.</i>	<i>No. of Patients.</i>
Ascension,	Washington,	294	Hammond,	Point Lookout, Md.,	977
Armory,	"	486	Bellevue,	New York,	609
Carver,	"	1278	David's Island,	"	2146
Columbian,	"	728	Jews	"	53
Cliffburne,	"	1087	Ladies' Home	"	263
Casparis,	"	113	City,	"	240
Douglas,	"	345	Fort Wood,	"	503
Eckington,	"	330	Twenty-eighth St.,	"	36
Emory,	"	902	Blackwell's Island,	"	248
Epiphany,	"	172	Brooklyn,	"	131
Ebenezer,	"	137	Long Isl'd College,	"	122
Finley,	"	561	Fort Schuyler,	"	455
Harewood,	"	1834	St. Luke's,	"	56
Judiciary,	"	491	Fort Columbus,	"	93
Kalorama,	"	19	New Haven,	Connecticut,	175
Mount Pleasant,	"	1351	Portsmouth Grove,	Rhode Island,	1322
Odd Fellows' Hall,	"	168	Newark,	New Jersey,	1343
Patent Office,	"	600	Clareysville,	Maryland,	463
Ryland Chapel,	"	101	Beaufort,	North Carolina,	269
Stone,	"	92	Newbern,	"	118
St. Elizabeth,	"	135	Portsmouth,	"	58
Trinity,	"	315	Hilton Head,	South Carolina,	227
Union Chapel,	"	47	Beverly,	Virginia,	61
Cranch,	"	178	Grafton,	"	152
St. Aloysius,	"	239	Parkersburg,	"	59
1st Division,	Alexandria,	585	Wheeling,	"	74
2d "	"	512	Fort Monroe,	"	1600
3d "	"	534	Chesapeake,	"	238
Camp Parole,	"	347	Mill Creek,	"	681
Fairfax Seminary,	"	1176	Hampton,	"	352
Seminary,	Georgetown,	115	Yorktown,	"	162
Union,	"	174	St. James,	New Orleans, La.,	300
Presbyterian,	"	117	Marine,	"	1200
Trinity,	"	191	City,	St. Louis, Mo.,	447
College,	"	293	Marine,	"	193
Dunbarton,	"	97	Charity,	"	85
Camden Street,	Baltimore,	575	House of Refuge,	"	719
Stewart's Mansion,	"	450	Good Samaritan,	"	136
Patterson Park,	"	282	Benton Barracks,	"	106
Newton University,	"	202	Convalescent,	"	1021
McKim's Mansion,	"	332	Jefferson Barracks,	Missouri,	1049
West's Buildings,	"	682	Jefferson City,	"	100
Annapolis,	Annapolis, Md.,	1197	Springfield,	"	251
Gen. Hospital, No. 1,	Frederick, Md.	717	Keokuk,	Iowa,	1520
" " 2	"	194	Quincy,	Illinois,	422
" " 3	"	306	Gen. Hospital, No. 1,	Louisville, Ky.,	145
" " 4	"	261	" " 2	"	138
" " 5	"	491	" " 3	"	158
" " 6	"	193	" " 4	"	227
Camp A,	"	697	" " 5	"	116
" B,	"	398	" " 6	"	134
Broad Street,	Philadelphia, Pa.	785	" " 7	"	125
South "	"	202	" " 8	"	134
Wood "	"	186	" " 9	"	125
Fifth "	"	218	" " 10	"	129
St. Joseph's,	"	120	" " 11	"	133
Christian Street,	"	187	" " 12	"	149
West Philadelphia	"	1863	"	Columbus, Ky.,	78
Pennsylvania,	"	100	Floating Hospital,	"	20
Summit House,	"	147	Paducah,	Kentucky,	214
Fourth Street,	"	221	Bardstown Road,	"	80
Catharine "	"	85	Greenup Street,	Covington, Ky.,	61
Master "	"	214	U. S. Hospital,	"	173
Front "	"	186	Seminary,	"	230
Turner's Lane,	"	154	Union City,	Tennessee,	60
Race Street,	"	313	Memphis,	"	676
Hestonville, !	"	151	Jackson,	"	551
Germantown,	"	139	Gen. Hospitals (5),	Evansville, Ind.,	1070
Filbert Street,	"	313	Marine,	Cincinnati, Ohio,	62
York,	Pennsylvania,	926	Third Street,	"	61
Reading,	"	202	West End,	"	85
Harrisburg,	"	597	Camp Dennison,	"	1582
Chester,	"	816	Washington Park,	"	228

The number of General Hospitals is thus seen to be 150, and the total number of patients in them, 58,715.

During the past year the health of the troops has been remarkably excellent. No epidemics of any severity have appeared among them, and those diseases which affect men in camp have been kept at a low minimum. Scurvy has been almost entirely prevented, and yellow fever, from which much was feared, has had but few victims. This immunity is due to the excellent hygienic arrangements instituted, and to the cordial manner in which Generals in command have coöperated with the proper authorities.

In an army of the size of that now maintained by the United States, it was of course to be expected that the absolute number of sick would be very large, and the important battles which have been fought have thrown a large number of wounded on the care of the Department. At present the total number under the charge of officers of the Medical Department is not short of 70,000, and immediately after the battle of Antietam it was over 90,000. That this large number could be provided for without some cases of unnecessary suffering occurring, would perhaps be too much to expect; but I must commend the Medical Corps, both of the regular and volunteer service, for the faithful and efficient manner in which their duties have been performed. In the discharge of their duties Medical Officers have been very much aided by the contributions of the people of the country, and by the efficient coöperation of the Sanitary Commission and Relief Associations.

In addition to providing the sick and wounded with medical attendance and medicines, much has been done by the Department in furnishing food, clothing, and comforts of various kinds. From much observation, both at home and abroad, and from the concurrent testimony of distinguished foreign medical officers, I am satisfied that never before were the sick and wounded of an army so well cared for as are those who have suffered for their country in the present rebellion. The hospitals, I take pride in saying, are a credit to the nation.

Before the several medical boards in session during the year (from July 1st, 1861, to June 30th, 1862), a large number of applicants for appointment in the medical staff of the Army were invited by the Secretary of War. Of these, sixty-six candidates duly presented themselves. Thirty-three of this number were approved, and five rejected; the remaining twenty-eight withdrew, one on account of physical disqualification. Before the same Boards, eleven Assistant Surgeons were examined for promotion, nine of whom were found qualified, and two not considered as coming up to the standard of merit required. In the examination by these Boards, the standard of attainments required for success was much lowered, the Board in New York being ordered to examine two candidates each day for the regular army, while the examination of candidates for the appointment of Surgeon of Brigade became little more than a farce. Since the 1st of June last, however, the standard of examination has been raised, and the gentlemen now entering the Medical Staff have been found fully competent to undertake the important trust with which they are charged.

The breaking out of the rebellion found the United States Army with a Medical Department arranged for a peace establishment of 15,000 men. Experience soon demonstrated the fact, that, however efficient

its officers might be, the organization was such as to ill adapt it to the necessities of a large force in time of war. Partial progress in the right direction was made by Congress in increasing the rank of the Surgeon-General, adding a limited Inspecting Corps, and increasing the number of Surgeons, Assistant Surgeons, Medical Cadets, and Hospital Stewards. The Department was also placed on a more independent footing, and its whole status elevated. But there are still other measures, which, if adopted, cannot fail to add to the efficiency of the Department, and these I desire to urge through you on the attention of Congress.

First among these is the establishment of a permanent Hospital and Ambulance Corps, composed of men specially enlisted for duty in the Medical Department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, &c., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses obviated. A corps formed upon the basis of two men to each company in service, organized into companies of 100 privates, with one Captain, two Lieutenants, four Sergeants and eight Corporals to each company, would relieve the line of the Army from all details for the Medical Department, and enable the Department to render far more efficient services to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognized in all European armies, and I am able to speak from personal observation of the great advantages to be derived from it.

I regard an increase of the Medical Corps, both of the regular and volunteer forces, as absolutely necessary. The law of Congress, approved July 2d, 1862, provides sufficiently, except for cavalry and artillery regiments, for the wants of troops in the field, but the service in hospitals has to be filled to a great extent by the employment of contract physicians. I therefore recommend that the Medical Corps of the Regular Army be increased by twenty Surgeons and forty Assistant Surgeons, and the Staff Corps of Volunteer Medical Officers by fifty Surgeons and two hundred and fifty Assistant Surgeons. This last Corps now consists of 200 Surgeons and 120 Assistant Surgeons. The cavalry and artillery organization requires Medical Officers as much as infantry. The omission on the part of Congress should be supplied; a Surgeon and two Assistant Surgeons should be authorized for each regiment of cavalry, and for each regiment of heavy artillery, and an Assistant Surgeon for each light battery.

Under the First Section of the Act of June 30th, 1834, Assist. Surgeons of the regular army must have served five years before being eligible for promotion as Surgeon. On the 1st of November there were but six Assist. Surgeons in the army who had served five years. The effect of this law will be to prevent the filling of vacancies which may occur in the grade of Surgeon, and I therefore recommend that so much of said section as requires Assist. Surgeons to serve five years as such, before being eligible to Surgeoncies, be repealed.

The number of Medical Cadets is altogether too small for the necessities of the service. I therefore recommend that authority be given to appoint as many as may be required, in accordance with existing laws on the subject.

The institution of a Medical Inspecting Corps has been productive of excellent results. The number of Inspectors authorized is, however, too limited to enable the service to be as efficiently performed as is desirable. I therefore recommend that two Inspectors General and eight Inspectors be added to the present organization. The authorization of an additional Assist. Surgeon-General would also be a measure of great propriety.

Considerable progress has been made in the establishment of an Army Medical Museum. The advantages to the service and to science from such an institution cannot be over estimated. I respectfully recommend that a small annual appropriation be made for its benefit.

An Army Medical School, in which Medical Cadets and others seeking admission into the Corps, could receive such special instruction as would better fit them for commissions, and which they cannot obtain in the ordinary medical schools, is a great desideratum. Such an institution could be established in connection with any General Hospital, with but little if any expense to the United States. A hospital of a more permanent character than any now in this city is, I think, necessary, and will be required for years after the present rebellion has ceased. I therefore recommend that suitable buildings be purchased or erected for that purpose. If this is done, the Medical School and Museum will be important accessions to it.

Experience has shown that a most useful class of officers was authorized by the Act relative to Medical Storekeepers. The number now authorized is too small. They could very properly perform the duties of medical purveyors, now performed by medical officers, and thus officers who have been educated with special reference to service as physicians and surgeons, and who are now acting as medical purveyors, would be enabled to resume their proper duties. I therefore recommend an addition to the medical storekeepers.

At present the washing of clothes in General Hospitals is provided for as follows: One matron is provided for every twenty patients, who receives a compensation of six dollars per month and one ration. Great difficulty is experienced in large General Hospitals in procuring a sufficient number of matrons to perform this duty, and I have the honor to propose that, instead of this now unreliable plan, a sum of money, equivalent to the pay and allowance of a matron, say twelve dollars for every twenty patients, be monthly allowed to every General Hospital, to be appropriated for laundry purposes at the discretion of the Surgeon in charge, whether to the payment of matrons or the payment of bills for washing by steam or otherwise.

The 10th Section of the Act approved July 17, 1862, gives additional rank to officers of the Adjutant Generals, Quartermasters, Subsistence, and Inspector Generals Department who are serving on the Staff of Commanders of Army Corps. There is, I think, manifest propriety in extending the provisions of this Act to the officers of the medical department who may be on duty with such command as medical directors, and I respectfully ask for such extension.

The Engineer and Ordnance Departments are charged with the erection of buildings which requires special knowledge. The building of hospitals also requires knowledge of a peculiar character, which is not ordinarily possessed by officers out of the medical department. It would therefore appear obviously proper that the medical depart-

ment should be charged with the duty of building the hospitals which it is their duty to administer.

In the matter of transportation the interests of the service require that the medical department should be independent. Much suffering has been caused by the impossibility of furnishing supplies to the wounded, when those supplies were within a few miles of them in great abundance.

The establishment of a laboratory, from which the medical department could draw its supplies of chemical and pharmaceutical preparations, similar to that now so successfully carried on by the medical department of the Navy, would be a measure of great utility and economy. I therefore respectfully recommend that authority be given for this purpose.

In regard to the age at which recruits are received into service a change is imperatively demanded, both for the interests of the Army and the welfare of individuals. The minimum is now fixed at eighteen years, and it is not uncommon to find soldiers of sixteen years old. Youths of these ages are not developed, and are not fit to endure the fatigues and privations of military life. They soon break down, become sick, and are thrown upon the hospitals. As a measure of economy I recommend that the service age of recruits be fixed by law at twenty years.

The present manner of supporting the cartridge-box is productive of hernia or rupture. Many instances in support of this statement have occurred since the commencement of the rebellion, and reports on the subject are frequently received from medical officers. I recommend that, instead of being carried by a belt around the waist, the cartridge-box be supported by a shoulder-strap. This would entirely obviate the evil.

At the last session of Congress the sum of two millions of dollars was appropriated for the relief of discharged soldiers. I recommend that one million of dollars of this sum be set aside for the establishment of a permanent home for those who have been disabled in their country's service. This measure is one of such importance that I forbear entering into details at this early period. An establishment of the kind, organized upon an approved plan, would be productive of incalculable benefit.

Soon after my appointment I issued circulars to medical officers, inviting them to co-operate in furnishing materials for a Medical and Surgical History of the Rebellion. A large number of memoirs and reports of great interest to medical science, and military surgery especially, have been collected, and are now being systematically arranged. The greatest interest is felt in this labor by the medical officers of the Army and physicians at large.

The reorganization of the Medical Department necessitated a new set of regulations for its guidance. Under your orders a Board has been in session preparing a new code. Their labors have been very much interfered with by the necessity of detailing them, from time to time, for more imperative duties, but I expect to be able to submit to you, in a short time, a complete set of regulations for your approval.

I have deemed it my duty, with your sanction, to visit, from time to time, the hospitals and armies of the eastern portion of the country. I have thus been enabled to make myself acquainted with their sani-

tary condition and medical wants. I hope, ere long, to be able to extend these inspections to the west.

A uniform diet table for General Hospitals has been prepared with great care, and promises to work advantageously.

Large depots of medical supplies have been established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville, which have proved of incalculable advantage to the sick and wounded. Moreover, large sums have been saved by the accumulation of stores before the recent advance took place.

In terminating my report, I desire to express the hope that the labors of the Officers of the Medical Department may be made more and more worthy of the high mission which has been confided to them.

I am, Sir, very respectfully, your ob't serv't,

WILLIAM A. HAMMOND,
Surgeon General.

HON. E. M. STANTON,
Secretary of War.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 1, 1863.

INSPECTION OF MILITARY HOSPITALS—FIRST REPORT BY DR. HENRY G. CLARK, INSPECTOR-IN-CHIEF.—We have received Dr. Clark's first report, and its contents are most gratifying, showing conclusively that the design of the inspection was conceived in wisdom and is being carried out with discretion and fidelity, to the great advantage of the inmates of the hospitals, and to the extension of a spirit of mutual good will among the members of the profession thus brought into relation with each other.

The report begins with a short history of the inspection, showing that it was called for by the immense increase of the army without a proportionate increase of the United States Medical Inspectors. Copies of the original circulars to the gentlemen invited to serve are next given, together with all the documents placed in their hands on commencing their tours of duty; and the whole concludes with a résumé by the Inspector-in-Chief of the doings of the Inspection up to November 18th, from which we make the following extracts:—

"Immediately upon accepting service, I engaged Drs. Bowditch and Ellis, of Boston, to come with me to Washington, and commence the work. Familiar as they both were with hospital administration and experience, I was sure that their work would be done in the most faithful and competent manner, and that, with their aid, the inspection here, at least, would be well inaugurated.

"Dr. Stephen Smith, of New York, had already, under the appointment of your Committee, completed a primary inspection of all the Hospitals in the District of Columbia.

"Dr. David Judkins, of Cincinnati, had been detailed to inspect the Hospitals in that vicinity.

"Dr. Joshua B. Flint, of Louisville, Ky., was inspecting at and around that place; and Dr. Winslow Lewis, of Boston, at and around

New York. The above details were made by the Committee. My own assignments have been as follows, viz. :

"Dr. Charles E. Ware, October 29th, one month : Dr. Benj. S. Shaw, November 18th, half a month : Dr. Morrill Wyman, November 5th, half a month.—At Washington and vicinity, and Frederick.

"Dr. Edmond Fowler, of Alabama, one month, October 31st.—Baltimore.

"Drs. Borland and Hodges, of Boston, November 15th.—Philadelphia and Baltimore.

"Dr. Francis Minot and Dr. Samuel L. Abbot, of Boston, November 19th, for two weeks.—Fortress Monroe, Norfolk, and Pt. Lookout.

"Dr. Charles E. Ware remains here, and will be followed in succession by Drs. Borland and Ayer, of Boston, the first on the 22d, the last on the 29th inst., for duty here and at Frederick.

"I shall be able very shortly to detail for services at nearly all the distant points, which I have hitherto been unable to do satisfactorily for want of a complete list of the General Hospitals of the U. S., which I have just succeeded in procuring.

"The larger part of the Inspectors, thus far, have been drawn from Massachusetts, because they were more accessible to me, better known, and therefore more available to me in a work so comparatively new.

"For the future I shall be able to avail myself more liberally and freely, of the talent now fortunately placed at the disposal of the Commission, and to make a more equable distribution of the privileges and labors of the Inspection.

"In accordance with the suggestion of the Committee, and with my own judgment, I shall avoid any assignments to gentlemen in the immediate vicinity of their own circles of residence and acquaintance.

"The several reports, I have the honor now to transmit, bear conclusive internal evidence, if any were needed beyond the unanimous expression of gratification, of the handsome manner in which the Inspectors have every where been received, and their object facilitated.

"A solitary rebuff only, the single exception necessary to prove the rule, occurred at one of the hospitals out of this District, and this was so promptly rebuked by the Surgeon-General, upon a report of the facts by the General Secretary, that it will not probably ever be repeated.

"The Surgeon-General, the Inspectors, and surgeons generally connected with the army, both in and out of the Hospitals, have manifested great cordiality towards the Inspection, and to myself as the organ of communication between this Department and the Medical Bureau, the greatest courtesy and consideration.

"The suggestions, contained in the reports, with regard to defects and evils found to be existing in any of the Hospitals, have, when transmitted by me, as they are frequently, by extracts, synopses, or verbally, to the Surgeon-General, invariably received his immediate and effective attention.

"I only echo here the sentiments, repeatedly expressed, of the Inspectors, when I say that the condition in which they have found the great Hospitals of the Army, so far as they have been examined, has been to them a very agreeable surprise that so much has been accomplished, in so short a time, and so well.

"An inspection of the reports of the different Inspectors, at different and consecutive dates, will also show, in many instances, a very marked and progressive improvement in the condition of the Hospitals inspected.

"This improvement has, no doubt, been partly owing to the natural effects of time, and the better experience and opportunities of the officers in charge, but partly, also, I am assured by the surgeons themselves, to the friendly influence of the Inspectors, and of the establishment, in this way, of a sort of standard of excellence. In fact, it is impossible but that the opinions of men of standing and knowledge in the profession should have their proper weight upon a class of earnest, hard-working, and many of them capable, men, upon whom the accidents of war have unexpectedly and suddenly cast the gravest labors and responsibilities.

"I must not omit to notice here another instrumentality, which has, in a very important degree, contributed, in my judgment, to the establishment of the 'entente cordiale' between the surgeons and the officers of the Commission.

"It is the 'Army Medical Society,' which owes its origin to the far-sighted and thoughtful suggestiveness of the General Secretary, who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for a friendly conference upon matters of common interest connected with the administration of the General Hospitals.

"The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognizance of all matters relating to the Hygiene, the administration of Military Hospitals, and the care of their inmates.

"The active members comprise the Surgical Staff within the District, and some of the officers of the Commission; but it affiliates to itself, *as associates, all the Surgeons of the Army and Navy*, and all the *Medical* members of the Commission, inviting them all to contribute to its stores of knowledge and to partake freely of its benefits.

"I respectfully transmit, with this, all the reports which have been received. They contain, as you will find, a very large amount of valuable material, of which, with future accumulations, I shall hope to make further use.

"In conclusion, after having carefully examined these reports, and having personally visited many of the Hospitals in this District, I feel bound to say, in relation to them, that, in so large a field, it would be wonderful not to find some weeds—to start and put into working order the ponderous machinery of Hospitals which contain, in the mass, more than 70,000 beds, without any friction, would be a miracle. Let us then, instead of criticizing too sharply, rather admire the energy, the skill, the administrative capacity, shown in extemporizing and systematizing an agency so beneficent and so grand."

I remain, Gentlemen, with great respect, your ob't serv't,
HENRY G. CLARK,
Inspector-in-Chief.

TREATMENT OF DISEASE BY OXYGEN GAS.—From a letter on this subject, published in the *Cincinnati Commercial*, we take the following:—

"Surgeon George G. Shumard, Medical Director of Danville Dis-
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trict, suggested and instituted the experiment of administering oxygen gas by inhalation. Having in my possession a copy of his official report upon the subject, I take the liberty of transmitting the following extracts from it, which I hope will be sufficient to show who originated the important experiment referred to:—

“November 29, 1862.—I have frequently had occasion, in the course of my medical practice, to observe the apparent great want of oxygen in the blood drawn from patients laboring under different forms of autumnal disease. Impressed with the belief that this deficiency was not merely apparent, but real, and that blood, thus unfavorably constituted, if not the cause of disease, could not otherwise than exercise a very prejudicial influence upon the system, I several years ago instituted a series of careful comparisons between healthy blood and that drawn from patients laboring under different forms of autumnal disease, and succeeded in fully satisfying myself that such a deficiency really did exist, and that there was an excess of carbonic acid in the blood of all the cases examined. It therefore occurred to me that if oxygen gas could, by any means, be artificially supplied to the circulation, it might afford a valuable remedy in the treatment of autumnal and various other forms of diseases. It also occurred to me that the best channel for administering the remedy would be that which nature has herself established for the reception of oxygen—the lungs. I therefore resolved to try the experiment as soon as a favorable opportunity presented itself.

“In 1857, I was called to see a case of severe congestive chill, in which the patient, a man about 30 years of age, was cold and nearly pulseless. Active stimulants and other remedies usually employed in such cases were freely resorted to. A small quantity of nitrous oxide gas was also prepared, and administered to the patient by inhalation. Shortly afterwards the pulse increased in volume, and in about one hour from the time of the inhalation the extremities became warm, and the patient recovered from his chill. As other remedies were here employed besides the gas, and may have exercised an important influence in relieving the patient, I concluded to await the result of other experiments before publishing the case.

“Shortly after this, my duties called me to another portion of the United States, and I had no further opportunities for repeating the experiment until the 22d of the present month.

“Last summer, while acting as Medical Director at Huntsville, Alabama, I repeatedly urged the employment of the gas in the treatment of disease. The different medical officers stationed at that post were favorably impressed with the idea that it might be made a useful remedy; but, from some cause or other, the gas was not administered. I also requested Dr. Newman, a highly accomplished private physician of Huntsville, to employ the remedy in such cases as he might deem favorable for its use. A number of physicians in Cincinnati were also urged, a year ago, to administer the gas in cases of disease.

“On the 22d instant, a case of typhoid fever (Case No. 1), of a hopeless character, was reported from Danville General Hospital No. 3. As the patient was apparently dying, and could not, therefore, be in any way injured by the experiment, I resolved to try the effects of the gas. Assistant Surgeon Devindorf was accordingly directed to administer the gas to him immediately, which he did, in the presence of Assistant Surgeons Samlere, Aichele, and Simpson. The results

were so striking in character as to impress every one present favorably with the remedy. I may here remark that two of the medical officers present, who were at first decidedly skeptical upon the subject, upon witnessing the result of the first experiment, immediately changed their opinions, and became enthusiastically in favor of the remedy.

"As soon as the favorable results of the gas began to exhibit themselves in case No. 1, Assistant Surgeons Samlere, Aichele, Devindorf, Simpson and Avery were directed to visit the different hospitals in Danville, and, after having carefully examined the worst cases of disease in each, to select such for experiment as were considered entirely hopeless. They accordingly reported to me cases Nos. 2, 3, 4, 5, 6, and 7, to all of which the gas was immediately administered. The reports of all these cases are now before you, and from them you will be able to judge whether this remedy is or is not worthy of more extensive trial.

"Without attempting an analysis of these cases, I will merely remark that all the patients to whom the remedy was administered were pronounced hopeless by their attending physicians, and that their judgment in the matter was fully confirmed by that of the committee appointed to examine the cases before the gas was inhaled; that a striking improvement was observed in every case after the gas was administered; that under its influence warmth slowly returned to the extremities, after the most powerful diffusible stimulants that could be given had failed to produce that result; that the pulse increased its volume, and became much more natural to the touch; that the delirium which had, in several cases, existed for weeks previously, entirely subsided; that the involuntary discharges from the bowels, in all but one case, ceased; that several of the cases, after lying for many hours delirious, or insensible, became rational, and conversed with those around them; that the countenance assumed a much more natural expression; that the livid spots upon the chest and abdomen of two of the cases changed to a light rose color, and commenced disappearing; that the patients all expressed themselves as feeling much better; that the effects of the gas were not merely temporary but permanent; that in the four cases that have died, life was apparently prolonged many hours by the remedy; and that three out of the seven supposed fatal cases are still living and may yet recover.

"I propose to continue the experiments, and shall hereafter not confine them alone to cases that are considered hopeless.

"Although it has thus far been tried in only eight cases, the results are sufficient to prove that we have in oxygen gas a remedy of surprising power, and one that bids fair to be of great service hereafter in the treatment of almost every variety of disease.

"The gas was administered to all the cases in the form of nitrous oxide, which was made in the usual manner, from nitrate of ammonia, by Prof. Brikford, of Danville, and Assistant Surgeon Semlere, U. S. V. For want of better apparatus, it was administered to the patients from beef bladders, which answered the purpose moderately well.

"Although the oxygen was employed in these cases in the form of nitrous oxide gas, I would not propose to use it so in all cases. In cholera and severe cases of congestive chill, I am persuaded that oxygen gas, in its pure form, or slightly diluted with atmospheric air, would be better; nor would I hesitate to give it in any form of dis-

ease in which the vital powers are depressed, since the cases recorded show that it relieves delirium and irritation instead of producing them." * * * * *

"Such are the facts of the case, which can be certified to, if necessary, by every medical officer stationed at this post. Since the above report was written, the gas has been administered to a large number of patients here, and in every case with good effect.

I am sir, very respectfully, your obedient servant,

EDWIN HOLMES.

FATTY CONCRETIONS DISCHARGED FROM THE BOWELS.—At the last meeting of the Suffolk District Medical Society, Dr. Jackson referred to the case reported in the Proceedings of the Boston Society for Medical Improvement, on page 433 of this week's Journal, when Dr. Geo. H. Nichols (formerly of Portsmouth, but now of this city), who was present, related a somewhat similar case that came to his knowledge some years ago. The patient took about a wineglassful of *linseed oil*—given, he thinks, by an empiric; and within a day or two twenty or more concretions were passed from the bowels, about the size of large peas and of the consistence of tallow.

It is stated that in Sturgis's Hospital, 9th Army Corps, 2d Division, Army of the Potomac, there have been registered over 600 wounded patients, on whom have been performed 74 capital operations, viz., amputation of legs, arms, or resections of these limbs, 33 of which were primary. The deaths after operations were stated to be eight.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 27th, 1862.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	37	80
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.4	34.8	75.2
Average corrected to increased population	00	00	82.91
Death of persons above 90	1	0	1

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
12	7	3	5	0	0	2	1

ERRATUM.—An absurd error of the press in last week's JOURNAL made the title and running heading of the first article to read The Weak-sight Ophthalmoscope, instead of Weak-light Ophthalmoscope, as it was written.

TO CORRESPONDENTS.—The paper on the character and treatment of yellow fever, as it appeared recently at Port Royal, S. C., by Thomas T. Smiley, M.D., to which allusion was made in the JOURNAL some weeks since, has been received, and will appear next week.—Dr. Clark's communication on the Co-existence of Tubercle and Cancer came too late for this week, but will have an early insertion.

DEATHS IN BOSTON for the week ending Saturday noon, Dec. 27th, 80. Males, 43—Females, 37.—Accident, 4—congestion of the brain, 3—disease of the brain, 2—bronchitis, 2—disease of the bowels, 1—consumption, 12—convulsions, 3—croup, 7—cyanosis, 1—cystitis, 1—debility, 2—diarrhoea, 3—diphtheria, 1—dropsy, 1—dropsy of the brain, 5—eczema, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—infantile disease, 7—intemperance, 3—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 5—old age, 2—peritonitis, 1—pleurisy, 1—rheumatism, 1—unknown, 3.

Under 5 years of age, 37—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 49—Ireland, 25—other places, 6.

